

AO 240 (Rev. 10/03)
DELAWARE (Rev. 4/05)UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREGeorge F. Comer

Plaintiff

V.

1181 Adcock RoadDELAWARE CORRECTIONS CENTER

Defendant(s)

SmyrnaDel 19917APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVITCASE NUMBER: CIV No. 05-563 JJFI, George F. Comer declare that I am the (check appropriate box)

• • Petitioner/Plaintiff/Movant • • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes • • No (If "No" go to Question 2)If "YES" state the place of your incarceration DELAWARE CORRECTIONS CENTER 1181 ADCKOCK ROADSmyrna Del. 19917Inmate Identification Number (Required): 00180807 SBAre you employed at the institution? N/A Do you receive any payment from the institution? N/AAttach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions2. Are you currently employed? • • Yes ☒ No

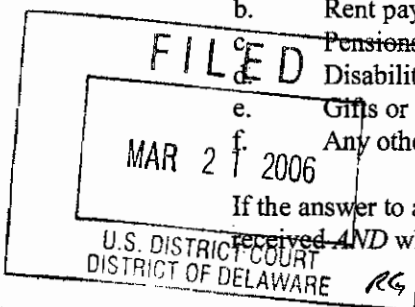
a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	• • Yes	<input checked="" type="radio"/> No
b. Rent payments, interest or dividends	• • Yes	<input checked="" type="radio"/> No
c. Pensions, annuities or life insurance payments	• • Yes	<input checked="" type="radio"/> No
d. Disability or workers compensation payments	• • Yes	<input checked="" type="radio"/> No
e. Gifts or inheritances	• • Yes	<input checked="" type="radio"/> No
f. Any other sources	• • Yes	<input checked="" type="radio"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.



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